

Family Effectiveness Training (FET)

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Program developers or their agents provided the Model Program information below.

BRIEF DESCRIPTION

Family Effectiveness Training (FET) is a family-based program developed for and exclusively used with targeted to Hispanics/Latinos. It is designed for children 6 to 12 years old who are making the transition to adolescence and who come from families with problems in family functioning, parent-child conflicts, or cultural conflicts between children and parents. It includes both didactic lessons and participatory activities that help parents master effective family management skills and planned family discussions in which the therapist/facilitator intervenes to correct dysfunctional interactions between or among family members.

PROGRAM BACKGROUND

FET grew out of a long-standing tradition of work with Hispanic/Latino immigrant families at the Spanish Family Guidance Center in the University of Miami Center for Family Studies. In the process of implementing Brief Strategic Family Therapy (BSFT), Center researchers observed that, in many cases, families of problematic and drug-abusing adolescents were characterized by acculturation differences between parents and adolescents. This resulted in the parents' inability to communicate effectively with their adolescents. To address this risk factor, a preventive intervention was developed to correct cultural gaps between parents and children. The theory behind this early work was that increasing parents' familiarity with American culture and the values and attitudes to which their children were acculturating, and increasing children's familiarity with their parents' Hispanic/Latino culture, would help to close the family cultural gap, improve family relationships, and prevent problem adolescent behavior. The current version of FET was developed to work with families of preadolescents to foster parenting skills needed in American society before children had grown old enough to manifest the cultural gaps associated with problem behavior and drug abuse in Hispanic/Latino immigrant families.



RECOGNITION

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services: Model Program

Society for Prevention Research: Presidential Award

Center for Substance Abuse Prevention, SAMHSA, U.S. Department of Health and Human Services: Research Award

INSTITUTE OF MEDICINE CLASSIFICATION (IOM)

INDICATED

This program was developed for an indicated audience. It is intended for children, ages 6 to 12, who are exhibiting behavior problems or experiencing parent-child conflicts.

INTERVENTION TYPE

TREATMENT

CONTENT FOCUS

ALCOHOL, ILLEGAL DRUGS, TOBACCO

One key program area focuses on substance use prevention and adolescent alternatives to substance use.

Parents as primary population

This program involves parents in therapeutic family training that helps them better understand their children's cultural assimilation; improves their knowledge, understanding, competence, and skills to manage their children's behavior; and increases parental knowledge about and negative attitudes toward substance use.

INTERVENTIONS BY DOMAIN

INDIVIDUAL, FAMILY, PEER

INDIVIDUAL

- Institutional placement or individual counseling
- Life/social skills training

FAMILY

- Family therapy
- Parent education/parenting skills training

PEER

- Peer-resistance education

KEY PROGRAM APPROACHES

INFORMATION SHARING, PARENT-CHILD INTERACTIONS, PARENT TRAINING, SKILL DEVELOPMENT, THERAPY

INFORMATION SHARING

Provides substance abuse information to parents and educates parents on normal adolescent development.

PARENT-CHILD INTERACTIONS

Teaches family communication, conflict resolution, and problem solving.

PARENT TRAINING

Teaches parenting skills.

SKILL DEVELOPMENT

Teaches bicultural skills to both parents and children in order to promote bicultural effectiveness; effective parenting skills; family communication, conflict resolution, and problem-solving skills to both parents and children; and substance use resistance skills in children.

THERAPY

Provides Brief Strategic Family Therapy, a problem-focused practical approach to the elimination of substance abuse risk factors.

HOW IT WORKS

FET is designed to engage and retain a family in the program by focusing on how the entire family functions and viewing the child's problems as a symptom of cultural differences within the family. During the course of 13 family sessions, FET strategic interventions—

- Teach bicultural skills to promote bicultural effectiveness
- Provide Brief Strategic Family Therapy (BSFT), a problem-focused, direction-oriented, and practical approach to eliminating substance abuse risk factors
- Educate parents on normal adolescent development
- Promote effective parenting skills
- Promote family communication, conflict resolution, and problemsolving skills
- Disseminate substance abuse information to parents

FET can be implemented in a variety of settings, including community social services agencies, schools, mental health clinics, faith communities, and community youth centers. Because FET works with the entire family, the program is usually limited to afternoons, evenings, and Saturdays.

FET requires committed, enthusiastic, sympathetic counselors who are familiar with and respectful toward Hispanic/Latino and American cultures, languages, and values. Counselors must be able to—

- Present didactic material in an understandable way

- Elicit family participation in structured exercises
- Intervene in family discussions to improve dysfunctional family interactions
- Be flexible enough to adapt the intervention to the specific needs of each family

The provider agency must be open at times convenient to families, and provide transportation and childcare when needed. Videotaping equipment, a monitor, and a VCR are needed for supervision and review of work. Midsize offices with a blackboard or easel are adequate for administering FET and videotaping sessions. Finally, visual teaching aids and handouts for families are required.

OUTCOMES

REDUCTIONS IN NEGATIVE ATTITUDES/BEHAVIORS, IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS, OTHER TYPES OF OUTCOMES

DECREASES IN NEGATIVE ATTITUDES/BEHAVIORS

35% reduction in children's conduct problems.

66% reduction in children's association with antisocial peers.

34% reduction in children's irresponsible behaviors.

IMPROVEMENTS IN POSITIVE ATTITUDES/BEHAVIORS

14% improvement in children's self-concept.

75% improvement in family functioning.

OTHER TYPES OF OUTCOMES

Improves parental understanding of their children's cultural assimilation, and children's understanding of their parents' Hispanic/Latino culture, bridging the culture gap between parents and children

Improves family cohesiveness and child bonding to the family

Improves parental knowledge, understanding, competence, and skills to effectively manage children's behavior

Increases parental and child knowledge about and negative attitudes toward substance use

Increases substance-use resistance skills in children

Improves child self-discipline and self-concept

Reduces child antisocial and immature behavior

EVALUATION DESIGN

A randomized pretest, posttest, and followup group design was employed. Seventy-nine Hispanic/Latino families were randomized either to receive FET or to a minimum contact control condition. Pretest assessments were conducted prior to assignment to condition. Posttest assessments were conducted at approximately 13 weeks for both the experimental/FET and control families (around the time the FET condition was completed). A followup was conducted 6 months after the posttest. Families assigned to FET received 13 lessons, at a rate of one lesson per week. Families assigned to the control group had only minimal contact with program staff.

DELIVERY SPECIFICATIONS

5–24 WEEKS

Amount of time required to deliver the program to obtain documented outcomes:

This program is delivered in 13 weekly family sessions, 1.5 to 2 hours each. Sessions are usually offered afternoons, evenings, and Saturdays in order to accommodate participation by the entire family.

Agencies should allow 6 months to hire and train counselors, develop referral resources from the community, and recruit and screen participant families.

INTENDED SETTING

URBAN, SUBURBAN

FIDELITY

Components that must be included in order to achieve the same outcomes cited by the developer:

Counselors trained in the use of the program who are familiar with and respectful toward Hispanic/Latino and American cultures, languages, and values.

Delivery of the full 13 sessions, using the lesson manual provided by the program.

One full-time counselor for every 15 to 20 families.

A 6-month startup period to hire and train counselors, develop referral resources from the community, and recruit and screen participant families.

The provider agency must be open at times convenient to families and provide transportation and childcare when needed.

BARRIERS AND PROBLEMS

NO INFORMATION PROVIDED

PERSONNEL

FULL TIME, PAID

Counselors must have basic knowledge of how family systems operate and 3 years of clinical experience with children and families. Ideally they should have a master's degree in marriage or family therapy or social work. However, individuals with a bachelor's degree and experience working with families may also qualify.

EDUCATION

GRADUATE, SPECIAL SKILLS

Counselors must be able to present didactic material in an understandable way; elicit family participation in structured exercises; intervene in family discussion to improve dysfunctional family interactions; and be flexible enough to adapt the intervention to the specific needs of each family.

PERSONNEL TRAINING

Type: SEMINAR/WORKSHOP, CLASSROOM, Location: ONSITE (user),
OFFSITE (developer or trainer location), Length: BASIC – 3 DAYS

Training is intensive and ongoing technical assistance is provided.

COST (estimated in U.S. dollars)

\$10,000+

Cost considerations for implementing this program as recommended by the developer:

Training packages for Family Effectiveness Training (FET) are described as follows. They include all written materials (manual and lessons) and visual aids:

Training packages reflect the incorporation into FET of the Center for Family Studies' (CFS) central therapeutic model, Brief Strategic Family Therapy (BSFT). Training to the level of certification in the FET modality requires a rudimentary knowledge of BSFT. The CFS is nevertheless willing to negotiate various options with agencies after careful consideration of the agency's programmatic needs, goals, and clinical staffing situation.

PACKAGE I

Overview of the model. A 3-day Beginners Level workshop for up to 30 attendees. Fee: \$6,000 plus travel.

PACKAGE II

Intensive Intermediate Level for up to 15 trainees. Three 3-day workshops that encompass all the necessary instruction in the FET model, including the essentials of BSFT, the FET curriculum, and the integration in the FET model of lessons and therapy. Fee: \$18,000 plus travel.

PACKAGE III

Certification in FET for up to five candidates. This must follow Package II. At this level, CFS offers 13 weeks of long-distance supervision of FET implementation via review of videotapes of the candidates' FET sessions and group telephone supervisory meetings, plus a 2-day advanced workshop. Fee: \$17,650 plus travel.

If you have any questions, please contact Carleen Robinson-Batista, MSW, LCSW, at (305) 243-2226 or crobins2@med.miami.edu or Monica Zarate at mzarate@miami.edu.

INTENDED AGE GROUP

CHILDHOOD (5–11), EARLY ADOLESCENT (12–14)

This program was developed for children 6 to 12 years old and their families.

INTENDED POPULATION

HISPANIC/LATINO

This program was developed for Hispanic/Latino populations.

GENDER FOCUS

BOTH GENDERS

This program was developed for both male and female children.

REPLICATIONS

NO INFORMATION PROVIDED

ADAPTATIONS

NO INFORMATION PROVIDED

CONTACT INFORMATION

ABOUT THE DEVELOPER

José Szapocznik, Ph.D.

Dr. Szapocznik directs the Spanish Family Guidance Center at the University of Miami's Center for Family Studies, the Nation's oldest and most prominent research center focusing on the development and testing of Hispanic/Latino family-oriented interventions in the prevention and treatment of adolescent substance abuse and related behavior problems. Dr. Szapocznik has received a number of awards and honors for his work, including the 2000 Presidential Award for "Contributions to the Development of Family-Based Interventions" from the Society for Prevention Research and, in 1999, the first ever research award from the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention.

FOR INFORMATION ON MATERIALS, COSTS, AND ONGOING TECHNICAL ASSISTANCE

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